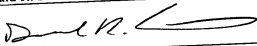


UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 740165-363	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Kouchi ITOGAWA et al	
APPLICATION ELEMENTS		Title BUCKLE DEVICE	
See MPEP chapter 600 concerning utility patent application contents.		Express Mail Label No.	
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 54] (preferred arrangement set forth below)		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
- Descriptive title of the invention		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Cross Reference to Related Applications (if applicable)		b. Specification Sequence Listing on:	
- Statement Regarding Fed sponsored R & D (if applicable)		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or	
- Reference to sequence listing, a table, or a computer program listing appendix (if applicable)		ii. <input type="checkbox"/> paper	
- Background of the Invention		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Brief Summary of the Invention		ACCOMPANYING APPLICATION PARTS	
- Detailed Description		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Claim(s)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney	
- Abstract of the Disclosure		11. <input type="checkbox"/> English Translation Document (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Figs. 1-12 [Total Sheets 11]		12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
5. Oath or Declaration [Total Pages]		13. <input type="checkbox"/> Preliminary Amendment	
a. <input type="checkbox"/> Newly executed (original or copy)		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
b. <input type="checkbox"/> Unsigned		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) Japanese Application No.: 2002-284157 filed September 27, 2002 (if foreign priority is claimed)	
c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)		17. <input checked="" type="checkbox"/> Other: Submission of Claiming Priority Trans.	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 22204 or <input type="checkbox"/> Correspondence address below			
Name _____			
Address _____			
City _____		State _____	Zip Code _____
Country _____		Telephone (202) 585-8000	Fax (202) 585-8080
Name (Print/Type) Donald R. Studebaker		Registration No. (Attorney/Agent)	32,815
Signature 		Date	September 26, 2003